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Generational Perceptions of Support Among Congolese Refugees in Urban Tanzania

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Abstract

Urban refugees frequently fall outside of the scope of humanitarian assistance programs. Despite a growing body of research describing the experiences of urban refugees in low- and middle-income countries (LMICs) of first asylum, little is known about generational differences in perceived support in these contexts. This phenomenological study used in-depth, semi-structured interviews and small group discussions to identify sources and meanings of support among older adult (50+; $n = 23$) and younger adult (18–30; $n = 11$) Congolese refugees in Dar es Salaam, Tanzania. Family and fictive kin emerged as central sources of support across age groups. However, instrumental support was sought outside of extended family networks. Older adults relied on religious networks for material assistance while younger adults sought instrumental assistance from friends and nongovernmental organizations. Implications for practice include supporting the unique needs of older adult urban refugees through family reunification, multi-family support interventions, and delivering assistance through religious networks.

Keywords: Urban refugees, Low- and middle-income countries, Perceived support, Older adult, Aging, Intergenerational, Africa

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Introduction

Approximately 60% of refugees live in cities, outside of the scope of most humanitarian aid (Urban Refugees 2018). Without access to formal assistance, urban refugees rely on a range of sources of support and social networks for survival, quality of life, and wellbeing (Bernstein and Okello 2007; Madhavan and Landau 2011; Willems 2005). Following global patterns, refugees in East Africa are increasingly bypassing or leaving camps for opportunities in cities (Somers 2001; UNHCR 2018c); however, it is important to note that refugees in many countries in this region are restricted to designated encampment zones (Crisp 2010). Those who live outside of refugee camps are frequently subjected to harassment, xenophobia, and precarious living situations (O’Loghlen and McWilliams 2017; Pavanello et al. 2010; Tippens 2017, 2019). Although young men have traditionally comprised the majority of urban-displaced refugees, increasing numbers of women, children, and older adult refugees reside in urban spaces across the globe (UNHCR 2018b).

Familial, religious, and ethnic group support has been shown to buffer against poor mental health and enhance wellbeing in African refugees residing in countries of first asylum, as well as those resettled in high-income countries (Abraham et al. 2018; Campbell 2006; Glad-den 2012; Posselt et al. 2018; Schweitzer et al. 2006, 2007), including in older adult refugees groups (Lamba and Krahn 2003; Silveira and Allebeck 2001; Mölsä et al. 2014). Despite these positive findings, there is a knowledge gap related to the specific range and sources of support utilized by refugees across generations in low- and middle-income countries (LMICs), in which 85% of refugees are hosted globally (UNHCR 2018a).

Refugees’ Social Support

Sense of belonging to one’s family, ethnic group, and host community is important to refugees’ overall wellbeing (Correa-Velez et al. 2010). High-quality social and family support has been associated with higher resilience and decreased psychological problems (Siriwardhana et al. 2014). Social support is critical when refugees experience distress,

including separation from loved ones in countries of origin (Simich et al. 2003). Family and ethnic group support in postmigration settings has been identified as a significant determinant of mental health and psychosocial wellbeing (Makwarimba et al. 2013; Schweitzer et al. 2006; Siriwardhana et al. 2014).

Refugees' Social Support in Urban Contexts

Refugees bypass or leave camps in favor of cities for several reasons, including livelihood and educational opportunities, access to medical treatment, and poor conditions in refugee camps (Parker 2002). Yet, urban refugees often lack access to the formalized support found in camps and designated settlements (Bernstein and Okello 2007). Falling outside of formal humanitarian assistance networks requires urban refugees to identify alternate sources of support and social networks to survive in cities (Madhavan and Landau 2011; Willems 2005). Support from other refugees in tandem with host country integration fostered urban refugees' embeddedness in Kampala, Uganda (Muhwezi and Sam 2004); however, refugees have been shown to mistrust those outside of their immediate families and households, including host country nationals and other refugees from their countries of origin (Landau 2018; Lyytinen 2015; Mann 2002, 2008; Schweitzer et al. 2007).

Thomas et al. (2011) identified reliance on social relationships as an important coping strategy among urban Somali refugees in Nepal. The existence of close peer relationships was identified as a salient support among refugee adolescents in urban Tanzania (Mann 2008). In his work with refugees in Dar es Salaam, Willems (2005) found that a substantial proportion of assistance came from other refugees, supporting his assertion that homophilous relationships—those networks based on similar characteristics and shared experiences—were indicative of strengthened social ties in an urban context. Peer support and friendships were critical to the coping and wellbeing of urban refugees, including Congolese refugees, in Durban, South Africa, (Labys et al. 2017) and Kampala, Uganda (Muhwezi and Sam 2004). Muhwezi and Sam (2004) also found that support from extended families and members of the host community helped refugees adapt to

life in Uganda. Congolese refugees residing in Nairobi, Kenya, were shown to rely on strong, in-group relationships for emotional support while leveraging weaker, out-group networks for informational and instrumental support (Tippens 2019). Support-seeking within religious communities has been used by urban refugees in East Africa to obtain emotional support, spiritual guidance, and material assistance (Bernstein and Okello 2007; Tippens 2017). Willems (2005) identified five primary ways of meeting supportive social network members: neighborhood, mutual friend, relative, religious congregation, or daily activities (p. 62).

Family Support “Out of Place”

To varying degrees, migration always separates families (Falicov 2007). Forced migration adds an additional layer of stress and uncertainty to familial fragmentation, deepening the potential for poor psychosocial health outcomes among those displaced by war and conflict. Family separation was identified as a significant predictor of depression among Sudanese refugees resettled in Australia (Schweitzer et al. 2006). Family support has a powerful influence on refugees’ post-migration adaptive capacity (Simich et al. 2003; Schweitzer et al. 2007; Simich 2003;Weine et al. 2004). Family support may include provision of housing, monetary assistance, childcare assistance, or access to expanded social networks (Simich 2003; Willems 2005).

Yet, family presence in post-migration settings does not automatically enhance refugees’ mental health and psychosocial wellbeing. Disrupted family dynamics in a new physical and cultural space can lead to conflict and changing roles within the family unit and may become burdensome or isolating (Stewart et al. 2008). Mann (2008) found that refugee children in urban Tanzania relied heavily on parents for assistance that would normally be sought from other network members (e.g., neighbors, extended family, teachers) while adults relied on their children for support. Additionally, refugee children in Mann’s study were aware of their parents’ difficulties and tried to minimize parental stress by “being good” (Mann 2008, pp. 48–49).

Older Adult Refugees' Social Support

The United Nations Refugee Agency (UNHCR) estimates that some 8.5% of refugees globally are aged 60 or older, and that the majority are female (UNHCR 2018a). Older adult refugees include those who migrate at an older age as well as those who age in post-migration settings (Austin et al. 2007). Although the World Health Organization (WHO) defines “older age” as beginning at age 60, concepts of aging vary across cultures, and the WHO African Region Office has broadened the definition to include individuals 50 years and older (WHO 2016). Older age has been correlated with depression, post-traumatic stress disorder (PTSD), and reduced quality of life in both resettlement contexts and first-asylum countries (Miner et al. 2017; Shannon et al. 2015; Virgincar et al. 2016). Additionally, authority can shift from elders to younger generations in post-migration settings, creating a sense of disorder and loss of social role (Lewis 2009). Turner’s (1999) research highlighted the ways in which humanitarian assistance processes emasculated and infantilized older adult Burundian men in Tanzania. The United Nations Refugee Agency (UNHCR) was described by refugee women in as a “better husband” due to its capacity to provide material support within the community (Turner 2000, p. 9). Despite distress related to displaced aging, there is evidence of adaptive aging among older refugees. Religious, familial, and ethnic group support has been shown to improve wellbeing in older adult refugees (Lamba and Krahn 2003; Silveira and Allebeck 2001; Stewart et al. 2008). Additionally, integrating social traditions and values in post-migration settings has been shown to help older adult refugees adjust to a new place within acceptable cultural frameworks (Lewis 2009).

Context of Urban Refugees in Tanzania

Despite a recent attempt to draft an urban refugee policy in Tanzania, O’Loghlen and McWilliams (2017) reported that regional refugee situations have resulted in a renewed focus on encampment. Most urban refugees in Tanzania are not permitted to work in the formal economy, and live alongside Tanzanians in informal settlements in unfavorable living conditions (Asylum Access 2011; O’Loghlen and

McWilliams 2017). Nearly 310,000 refugees, primarily from Burundi and the Democratic Republic of the Congo (DRC), are registered in camps in northwest Tanzania (UNHCR 2017). Although the exact number of urban refugees is unknown, it is estimated that at least 10,000 refugees, mostly from Burundi and the DRC, reside in Dar es Salaam (O'Loughlen and Bwami 2018).

Purpose of the Study

To address current gaps in the literature, this exploratory study assessed stressors and perceived sources of support among older adult and younger adult urban Congolese refugees in Dar es Salaam, Tanzania. This manuscript seeks to elucidate generational similarities and differences in coping and perceived support to inform interventions that target adult refugees in LMIC settings. For the purposes of this research, support was defined as emotional, informational, and instrumental help, as has been explored in other studies with refugees (see also Simich et al. 2003; Stewart et al. 2008).

Methods

This phenomenological study took place in Dar es Salaam, Tanzania, between June and August 2017. The purpose of this research was to identify older adults' (50 years and older) and younger adults' (18 to 30 years old) socio-culturally salient support in an urban-displaced context. For the purposes of this research, participants included Congolese adults who self identified as refugees regardless of documentation or official United Nations status. Similarly, Grabska (2006) found few differences between refugees with legal status and those who were undocumented in Cairo. Rather than focusing on legal definitions of migration, this study provides insight into the lives of individuals with shared experiences (i.e., migration from the DRC to urban Tanzania due to conflict).

Procedures

Ethics Formal research approval was obtained from the Office of Human Subjects Research and Research Compliance Services at the University of Nebraska-Lincoln and the Tanzania Commission for Science and Technology (COSTECH). Prior to conducting interviews, the PI met with the staff of nongovernmental organizations (NGOs), including Congolese staff who were employed by these agencies in various capacities, to describe the research study and ensure questions were relevant and appropriate. Informed consent covered the purpose and scope of the study as well as potential uses of research findings. After being consented by the PI, participants selected the location of the interview to enhance comfort during research participation. Most participants asked to be interviewed in their homes or in the home of a friend ($n = 32$) while some requested the interview to take place at a church with a private room ($n = 2$). One small group discussion took place in the home of a Congolese community leader, and three were held at local churches frequently used as meeting spaces by participants. Participants received 10,000 Tanzanian shillings (USD \$4.40) after the interview to show gratitude for their participation and to acknowledge potential time away from work. This amount was determined to be appropriate by local NGO staff.

Recruitment and Sampling To be eligible for this study, older adult participants had to be identified and self-identify as a Congolese elder and speak French, Kiswahili, or English. Participants in the younger adult group had to identify as a Congolese refugee, be between the ages of 18 and 30, and speak French, Kiswahili, or English. Participants were recruited using convenience and snowball sampling with the help of a Congolese interpreter/research assistant hired through a local NGO. Snowball sampling has been used in other studies with urban Congolese refugees in East Africa (e.g., Tippens 2017), and was determined to be an appropriate recruitment strategy by NGO informants to reach those living in Dar es Salaam without legal documentation.

After all eligible, interested older adult participants ($n = 23$) completed in-depth interviews, younger adult Congolese refugees (ages 18–30; $n = 11$) were interviewed until data saturation was reached and no new themes emerged during iterative field-based analysis. To

better understand generational differences in stress, coping, and perceived support, four small group discussions were held with individuals who had already participated in interviews. These included two older adult groups (50–69 years of age, mixed sex, $n = 13$), and two younger adult groups (18–24 years of age, sex-disaggregated, $n = 7$). All interviews were conducted with the assistance of a Congolese interpreter in Kiswahili ($n = 31$) and French ($n = 3$). Most interviews lasted approximately 1 h (range 25– 75 min).

Data Collection

1. Socio-Demographic Variables

Age, sex, ethnicity, marital status, number of children, province of origin in the DRC, length of time in Tanzania, time in a refugee camp, refugee status, employment, and education were collected at the time of the interview to identify associations among perceived sources of support and independent variables as well as to form research hypotheses for future studies.

2. Experiences as Urban Refugees

To gain an understanding of the lived experiences of urban refugees in an intergenerational context, semi-structured interviews were conducted with older adult ($n = 23$) and younger adult ($n = 11$) refugees residing in Dar es Salaam. Overarching questions included (1) can you tell us about your life in Tanzania?; (2) can you tell us about a time in your life that was difficult or painful for you, but that you are proud of because of how you handled or overcame it?; and (3) what advice would you give to a Congolese refugee who recently arrived in Dar es Salaam? Prompts were used to elicit more detailed information as well as age- and sex-specific responses.

3. Perceived Sources of Support

After responding to open-ended questions, participants were asked to free-list perceived sources of support using locally adapted and

abbreviated questions from the Social Support Questionnaire (SSQ) (Sarason et al. 1983). Four questions were selected from the SSQ and modified by Congolese informants in small-group discussions prior to data collection. The final questions were (1) whom or what can you count on to be dependable when you need help?; (2) whom or what can you count on to help you relax when you feel stress or have worries?; (3) who accepts you totally, including your best and worst qualities?; and (4) whom or what can you count on to console you feel sad or have sadness? Although the original SSQ uses only who/whom, this was expanded to include “what” to assess a wider range of perceived sources of support (e.g., formal organizational support) in the context of urban displacement. Participants were told they could list as many sources of support as came to mind. The original questionnaire contains a five-point Likert scale to assess satisfaction with sources of support; however, Congolese informants requested this be removed from the interview guide during the pilot, stating preference for a narrative response. As such, this was included as part of the final interview guide, and the PI asked prompts to elicit nuanced examples and contexts in which each the free-listed sources of support were used recently or were perceived to be most useful.

Phenomenological Inquiry

This study seeks to provide insight into the experiences of refugees residing in a first-asylum context; a phenomenological design (Moustakas 1994) was selected to privilege participants’ own perspectives of how they make meaning of their personal and social worlds. Older adults (50 and older) were targeted in this research given the paucity of studies with refugee elders in first-asylum contexts; younger adults (18–30) were then asked to participate to examine differences and similarities in experiences of displacement, stressors, coping strategies, and perceived support. The sample of older adults is large for what is required for phenomenological research, which was due to attempts to recruit women elders into the study.

Phenomenology asserts that knowledge production is not an objective undertaking and that researchers cannot be detached from their own beliefs (Groenewald 2004). It is therefore important to attend

to my biases in this work. I am a principally qualitative researcher trained broadly in the health and social sciences. I have worked with refugees as both a practitioner and researcher in the USA and internationally for more than 15 years. As a practitioner, I observed that refugees deeply enmeshed in what migration scholars have termed “communities of trust” (Jabareen and Carmon 2010; Lyytinen 2017) tended to experience less distress than those who relied predominantly on NGOs. My research therefore focuses on social networks, paralleling my perspective that access to quality support enhances wellbeing. I am also interested in the applicability of research findings on social networks to better address the needs of refugees who fall outside of the scope of humanitarian assistance.

Data Analysis Colaizzi’s (1978) steps for phenomenological analysis were followed. Interviews and discussions were audio-recorded, transcribed verbatim, and translated into English by the PI and a Congolese research assistant. Transcripts were compiled into “older adult” and “younger adult” categories and reviewed as separate groups to understand the phenomenon from age-specific vantage points. There were later compared for similarities and differences. The PI and research assistant met weekly to review transcripts and identify emerging themes to create an essential structure (Colaizzi 1978). Upon returning from fieldwork, the PI uploaded transcripts to MAXQDA version 12.2 (VERBI 2017) to explore potential new themes, conduct additional deductive analysis around perceived support, and manage data.

Findings

Participants

Older adult respondents ranged in age from 50 to 69; younger adults ranged from 18 to 30. Most participants in the older adult group were men (86.9%, $n=20$), while the younger adult group had more equal participation (females = 54.5%, $n=6$). Nineteen (82.6%) older adults were married and lived in Tanzania with their spouses compared to four (40.9%) younger adults. Most Congolese refugees in this research

Table 1. Socio-demographics of participants

	<i>Older adults</i> (<i>n</i> = 23)	<i>Younger adults</i> (<i>n</i> = 11)
Female	3 (13.04%)	6 (54.5%)
Male	20 (86.96%)	5 (45.5%)
Mean age	57 years	24 years
Age range	50–69 years*	18–30 years
Marital status		
Single	1 (4.3%)	5 (45.5%)
Married	19 (82.6%)	4 (40.9%)
Divorced, separated	1 (4.3%)	1 (9.1%)
Widowed	2 (8.6%)	
No response, other		1 (9.1%)
Mean no. children	5 children	1.75 children
Religion		
Christian	23 (82.1%)	9 (81.8%)
Muslim	5 (17.9%)	2 (18.2%)
DRC, province of origin		
Kalemi	2 (8.7%)	2 (18.2%)
Katanga	4 (17.4%)	1 (36.4%)
Maniema	9 (39.1%)	2 (18.2%)
South Kivu	6 (26.1%)	3 (27.3%)
No response, other	2 (8.7%)	3 (27.3%)
Mean years in Dar es Salaam	19 years	12.5 years
Range of years in Tanzania	0.6–39 years	2–21 years
Mean years in refugee camp		
Never	18 (78.3%)	8 (72.7%)
Yes - mean years	(<i>n</i> = 5) 3.38 years	(<i>n</i> = 6) 4.5 years
Yes - range of years	0.25–8 years	1–9 years
Registered to live outside camp		
Yes	2 (8.7%)	1 (9.1%)
No	21 (91.3%)	10 (90.9%)

* The World Health Organization (WHO) (2016) defines older age in sub-Saharan Africa as aged 50 and older

had never resided in a refugee camp (older adults = 78.3%; *n* = 18; younger adults = 72.7%; *n* = 8) and had lived in Dar es Salaam for an average of 15.75 years (older adults = 19 years; younger adults = 12.5 years). More than 9 in 10 participants were not registered to live outside of the refugee camps (older adults = 91.3%, *n* = 21; younger adults = 90.9%, *n* = 10) (**Table 1**).

Stressors Experienced by Urban Congolese Refugees in Dar es Salaam

Most refugees focused on proximal stressors, including lack of documentation ($n = 28/34$), economic insecurity and lack of employment opportunities ($n = 20/34$), inadequate housing ($n = 23/34$), and fear of harassment and extortion by police officers and Tanzanian nationals ($n = 16/34$).

Age-Specific Stressors In addition to proximal stress reported by participants in both age groups, older adults emphasized four additional areas of distress: concern about physical ailments (e.g., general aches, diabetes, etc.) and inability to access medical treatment ($n = 19/23$), inability to secure employment due to age ($n = 19/23$), loss of social role and respect by younger family members and the host community ($n = 11/23$), and sadness and distress about family separation during conflict/not knowing if family members were alive or deceased ($n = 5/23$). Younger men who were unmarried at the time of the study expressed concern about not having the resources to find a spouse or start a family ($n = 3/5$ male participants). Younger adult men and women also expressed regret concerning inability to further their education (e.g., financial cost, undocumented status) ($n = 4/11$) or to seek employment in the formal sector ($n = 8/11$).

Urban Congolese Refugees' Social Support Networks

Participants discussed emotional and instrumental social support in varied ways, which will be described below along with perceived sources of support. The term “help” in the perceived support section of the interview guide was interpreted by participants as instrumental support (e.g., money, housing, childcare), while emphasizing emotional and informational support in the remaining three questions. Participants' support systems included family members (including voluntary or fictive kin, individuals not related by birth or marriage but who share in close family-like relationships) ($n = 26/34$), religious networks ($n = 18/34$), friends and neighborhood acquaintances ($n = 18/34$), and NGOs ($n = 10/34$). Outside of the family unit,

older adults described reliance on friends and religious communities. Pastors were regarded as counselors and confidantes, particularly among older adult men. Younger adult participants identified friends and acquaintances as their primary nonfamilial sources of support. With few exceptions, respondents listed both Congolese and Tanzanian friends; however, during interviews, several participants discussed using strategies to hide their nationality from Tanzanian friends and acquaintances (e.g., pretending accents were from a different region in Tanzania, “dressing like Tanzanians”), revealing that support from Tanzanian nationals was perceived as precarious.

Intergenerational Emphasis on Familial Support Family networks emerged as central for informational and emotional support among both older adult and younger adult participants. Congolese respondents consistently identified spouses, parents, siblings, adult children, and family elders (e.g., aunts or uncles) as sources of support in a variety of contexts. Participants described familial support as being dependable compared to nonfamilial networks. For example, one 23-year-old male discussed support from peer groups, stating “I rely on my friends the most for support, but these friends can eventually abandon you in times of trouble because you are not a relative.” An older adult male echoed this, stating, “There are things you can share with other people, but also things you cannot share with other people. I often share my concerns with my family members, including my children and my wife.” In one instance, an older adult woman stated of her family unit (spouse, two adolescent children, and three siblings residing in Dar es Salaam) “We share our problems together and support one another. We also help each other with contributions [money] for funerals.” Several participants in the older adult and younger adult categories identified children as contributing to the household through their work in the informal sector (e.g., younger children selling sodas on the street, adult children selling baked goods or fabrics) during narrative interviews, although this was not always reflected in the accompanying free-listing social support responses.

“I Wish I Had a Wife”: Older Adults’ Reliance on Spousal Support Older adult men who were interviewed relied heavily on their spouses for emotional and informational support. When asked how he

coped with the anxiety he described regarding life in Dar es Salaam, a 55-year-old man who lost his spouse in DRC replied, “I wish I had a wife; then I could relax. But now I no longer have a wife.” During a small group discussion with his spouse and three adult children, a 62-year-old man discussed the pressure he felt providing for his family without steady employment. When asked how he coped with this, he responded:

Just coping. You can cry, but there is no point to this. When I can find a small amount of money or food for my family, we can get by. My wife is so helpful to me because she is creative with the small things that we do have. Because of her we can stretch a little bit into something more.

A 69-year-old widow discussed how her deceased husband’s past involvement in the local church in tandem with his social networks continued to aid her, even after his death:

The first counselor is God. The next is the one you are closest to; for me, this was my husband. He passed away here in Tanzania, but he contributed to the church [as a pastor], where I am still accepted today. I also have his nephews here, and they help me.

”[My mother] is my everything”: Younger adults’ reliance on parents, caregivers, and elders. Both female and male younger adult respondents discussed relying on parents, caregivers, and elders for support. Females reported reliance on mothers and maternal figures for emotional support. One younger woman said, “If I am upset because I have quarreled with a friend, I will usually go first to my mother or sometimes to both of my parents.” A 21-year-old female participant stated, “To be honest, I count only on my mother. She is my everything.” Maternal support was also sought from fictive kin, those who accepted individuals into their household and family units either pre-flight, during migration, or in post-migration Dar es Salaam. Another 30-year-old woman united with a family unit while she was fleeing DRC as a teenager; she remained with this family at the time of the interview, and stated she considers them to be parents and siblings.

When asked on whom she relied for help, she responded, “I count on this mama for everything I need.”

Younger male adults more often reported seeking informational support from fathers and paternal figures. One 19-year-old male participant stated:

I first go to my father, as he can give me advice [about problems]. When I bring my problems to my father, for example, he will sometimes postpone our conversation until he has had time to think about what I said. Then he returns later and gives me advice on how to handle the situation. He helps me solve my challenges. He will tell me to trust in God.

Constraints and Limitations of Family Support in Urban-Displaced Contexts

Both younger and older adults relied primarily on individuals outside of the family and household unit for instrumental support. Older adults more often reported using religious networks and friends for material and instrumental support, while participants in the younger adult group most often identified friends as well as NGOs and formal organizations. Religious networks provided shelter (e.g., participants stated sleeping in a church or receiving money for housing from religious communities), food, clothing, and a social and spiritual community. Congolese men in the younger adult group reported having both Congolese and Tanzanian friends who provided instrumental support (e.g., finding work, housing, lending money, etc.) and emotional support when they were “thinking too much” or were dealing with stress (e.g., distractions in the form of sports, going to the beach). While many participants stated that close Tanzanians could be trusted, several also commented that their friends from the host community were unaware of their refugee status, revealing the precarious nature of at least some of the identified sources of social support. Finally, Congolese younger adults frequently reported going to refugee-serving organizations for legal assistance, financial assistance (e.g., startup funds for small businesses), and other instrumental support needs.

Family Stressors and Precarious Support Both younger and older adult participants expressed distress at not being able to provide appropriate support to family members. Women in both age groups discussed their experiences not being able to access health services and medical treatment for their children due to high costs and discrimination by health providers. Two women talked about their separate experiences with a child's death in Tanzania. The first, a participant in the older adult group, stated:

The hardest time was taking care of my first-born son. He was paralyzed, which started in Congo, but when we got [to Dar es Salaam], there was no treatment we could afford. We could not go to the government hospital because they would not accept us as foreigners. We tried a private hospital, but it was too expensive. I asked around for assistance, and I learned about [religiously-affiliated social service NGO in Dar es Salaam]. This group helped us cover medical expenses. This was a difficult time until my son passed away. I used to carry him, and I still have pain and weakness in my body from carrying him all the time.

Another woman (30 years old) talked about challenges obtaining care for her son, who had a chronic illness. Her husband was frequently out of the home finding work, and she stated she was frequently without support trying to access treatment:

Another challenge was getting medical care for my son. He eventually died. My son died in the hospital [in Dar es Salaam], and I screamed. The nurses yelled at me for making too much noise. They heard me crying and pretended that I was non-existent. His body was to be sent to the morgue, and I gave the nurses clothes to wrap him up. When I arrived to the mortuary, my son was naked. The nurses had stolen his clothes.

Participants from both age groups emphasized difficulties enrolling children in Tanzanian schools as foreigners lacking documentation. Several parents and caregivers said that Tanzanian neighbors or

acquaintances helped enroll Congolese children in schools by pretending to be the children's caregivers. Some participants reported paying Tanzanian nationals for this service while others said Tanzanians did it out of pity or because of friendship. A widower and single father in his early 50s discussed the challenges he faced keeping the family's identity a secret from his daughter to protect her:

I have a child who is six, in primary school. She keeps asking me, "*Baba* [father], what is our mother tongue? I lie to her. I cannot tell her what our true mother tongue is; this way I can ensure she is not identified as a Congolese [refugee]. When my relatives come to see us, we speak French. My daughter always asks, "what language is this?" I tell her it is one of our Kigoma [town in western Tanzania] languages, that it is a language of this country. If I tell her we are Congolese, she may accidentally tell a friend who could tell her family or the teacher. My daughter keeps asking where her grandfather is. I tell her he is in Kigoma, even though he is in Congo. This affects us so much. It even affects our health.

Finally, several younger adults stated reluctance sharing their problems with parents/caregivers for fear it would be burdensome or create difficulties. Many feared that parents would want to help their children and would be reported to the police by Tanzanians if there was an altercation. During a small group discussion, a 29-year-old male participant said:

Some problems I go to my friends when playing football [soccer]. Although sometimes there are problems in the host community, this is not something you want to draw attention to or tell your parents, because they might want to intervene. This could put your parents and your family in danger.

A 53-year-old woman later echoed this concern: "Being an older person, the biggest challenge is when your children get into a quarrel and you cannot report this to anyone. You cannot help. There is no happiness in this."

Married younger and older adult men described wanting to provide support to their spouses, although many expressed they were ill-equipped, pointing to lack of resources. For example, a 56-year-old man discussed his inability to provide emotional support to his spouse:

My wife's mother passed away six years ago. She could not return to DRC for the funeral, and she cannot move past this. When she thinks of her mother, it gives her so much pressure. Just pressure, pressure. I cannot even counsel her; she cannot move past this. Many refugees have experienced this sadness and have nowhere to turn for help.

Older Adults' Infantilization and Shame in Urban Displacement

Older adults repeatedly expressed shame about their situation in Dar es Salaam, especially compared to their lives in DRC before the war, which were described as "peaceful" and in which participants stated they did not face economic insecurity. One older man stated:

I sleep in the church. I am being fed [by the church] like a little child because I am unable to work. The people in the church cannot help with money; it is located in a low-income area. I am even a pastor [in DRC], but you can see how much I am struggling! [Points to shoes to show they are worn.]

Although this participant's brother lived nearby, his spouse remained in the DRC at the time of the interview. He wished to bring his wife to Tanzania, but described both financial inability to support her in Dar es Salaam and embarrassment about his living arrangement.

Four of 23 older adult respondents lived alone and did not have family in Dar es Salaam. One older adult male who had been living by himself in Tanzania for 12 years expressed frustration and embarrassment about his life: "I have nobody. I am very ashamed of this. If the police arrest me, or if I get sick, or anything else, I do not have anyone who can help me." An older adult woman (62 years old) echoed this statement, saying:

I would advise anyone wanting to come to Dar es Salaam to find an alternate option and not come here. We do not have

help. We do not have opportunities. Our rights are abused; we are harassed. There is no respect given to us as foreigners. The only respect is in our home country.

Discussion

This phenomenological study aimed to contribute nuanced understanding of generational similarities and differences regarding perceived support in a country of first asylum. This has important implications as urban-displaced refugees often fall outside of the scope of humanitarian assistance and rely on a range of informal networks for survival (Madhavan and Landau 2011; Urban Refugees 2018). The results from this research suggest that family and fictive kin play a central role in supporting refugees in urban settings; however, instrumental support is sought outside of kinship networks due to lack of resources.

Older adult Congolese participants in this study identified lack of respect and loss of social role as major stressors, which is consistent with previous research pertaining to refugees' intergenerational exchanges and post-migration family dynamics (Weine et al. 2004; Muruthi and Lewis 2017; Lewis 2009). Nonetheless, younger adults repeatedly emphasized their dependence on aging parents and elder fictive kin for emotional and informational support during in-depth interviews and free-listing exercises, indicating that elders were indeed held in high esteem. Younger adult participants described seeking instrumental support outside of the family or household unit for fear of placing a burden on parents or caregivers. Additionally, older adults acknowledged the support they received from children during in-depth interviews, yet this was generally not reflected in free-listing responses, which may imply a tacit rather than cognitive awareness of support, or may alternately reflect basic obligations within Congolese family life. Lewis (2008) and Muruthi and Lewis (2017) have conceptualized refugees' familial exchanges using an intergenerational ambivalence framework. Muruthi and Lewis 2017 state:

Although solidarity and conflict are important concepts to consider, we argue that a dichotomous view obscures the negotiation of positive and negative beliefs and behaviors

within the same intergenerational interaction. Instead, we advocate for the use of an intergenerational ambivalence theoretical framework to acknowledge the coexistence of a range of emotions and action in intergenerational encounters (p. 128).

Through this lens, apparent contradictions in findings can be understood as a range of emotions and interpretations of support in one's social-ecological world. For example, older adult Congolese participants' reduced status created dependency on younger family members, including children. Despite an appreciation of support demonstrated in several interviews, loss of agency and status remained a source of stress. Although family and community interdependence was highly valued by Congolese participants, the context of urban displacement made many participants feel helpless.

Younger adult participants had a greater variation of social support, and turned to family elders, siblings, spouses, and friends for emotional and informational needs. Older adult men relied heavily on spouses to meet their emotional needs, which is a new contribution to the literature on refugees' social support. The three older adult women in this sample were widowed or geographically separated from their spouses and expressed limited support, which is consistent with Hardgrove's (2009) finding of Liberian widows' precarious support in a Ghanaian refugee camp: "Loss of a spouse resulted in what is often referred to as 'role strain'. When one member of the family is unable to fulfil their normal role, others must fill the resulting gap in responsibilities" (p. 488). While one of the older adult females in this study reported ongoing support from her deceased spouse's religious and family networks, the other two women obtained support from religious networks or friends.

Regardless of age, participants relied primarily on nonfamily networks for instrumental support. Younger adult Congolese refugees turned to friends and organizations for food, monetary, housing, and legal assistance; older adults received instrumental support from religious networks and friends. Similarly, Stewart et al. (2008) found that Somali refugees in Canada relied on family for emotional support, but that limited resources prohibited family members from helping one another instrumentally. Friendships also emerged as crucial sources

of emotional and informational support for younger adult Congolese men, which is in keeping with studies highlighting the importance of friends and peers for urban-displaced refugees (Labys et al. 2017; Muhwezi and Sam 2004). However, it is necessary to note, this study found that refugees' perceptions of nonfamilial sources were tenuous. Even among participants who readily listed a range of sources of support outside of the household, it was with the caveat that they were not family members, and therefore had no obligation to help in times of need. This echoes Lyytinen's (2015, 2017) findings on urban Congolese refugees' negotiation of social and institutional actors through the lens of trust. The notion of trust is an important perspective to consider when examining refugees' sources of social support.

Limitations of the Study Several participants were integrated into family/household units, and the voices of those not entangled in these networks are missing from this manuscript. Although women comprise a greater proportion of older adult refugees (UNHCR 2018b), elder females are underrepresented in this study, signaling a need for different recruitment and sampling strategies.

Conclusions and Implications

This study echoes the assertions by Schweitzer et al. (2007) that refugees are not passive recipients of aid, and instead seek to improve their lives through active engagement in social networks. There are two important implications of this study for future research and practice. First, family and fictive kin are of critical importance to refugees in post-migration settings. Family reunification programs should continue to be supported; this could play a particularly critical role in enhancing the lives of older adult refugees, who expressed distress over separation from loved ones in countries of origin. Additionally, refugee-serving organizations can leverage the protective resources of the family (see also Simich et al. 2010) in programs designed to enhance refugees' wellbeing. Family-based therapy and multi-family group interventions have shown promise with displaced family units (see Woodcock 1995; Walsh 2007; Weine 2011). Family-centered programming—especially multi-family groups that emphasize emotional

and informational support while reinforcing problem-solving skills—may also further buttress the household unit against external stressors by building the capacity and social networks of urban refugees.

Second, age is an important factor in both support-seeking behaviors and perceptions of support. Although younger adult participants relied on NGOs for instrumental support in Dar es Salaam, this was not the case for older Congolese adults. Urban refugees' reliance on religious support has been reported in past research (Seguin and Roberts 2017; Tippens 2017; Mutiso et al. 2018); this study contributes new information by demonstrating that perceived support from religious networks varies by age. Organizations, particularly faith-based NGOs, may be in a position to partner with religious institutions to provide instrumental support to older adult refugees and their families. This may also help emplace older adults in a less family-dependent role, potentially enhancing their sense of status or social role in displaced contexts.

There is a continued need to document the social support of conflict-affected individuals and families to improve programmatic and policy efforts aimed at enhancing refugees' wellbeing. It should be noted that social support is not a substitute for pathways to legal integration into host societies in countries of first asylum.

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Ethical Approval All procedures performed in studies involving human participants were in accordance with the ethical standards of the University of Nebraska-Lincoln Institutional Review Board (IRB), the Tanzania Commission for Science and Technology (COSTECH), and the 1964 Helsinki Declaration and its later amendments.

Informed Consent Informed consent was obtained from all individual participants included in the study.

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